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Can I Take This If I'm Pregnant?

An expectant mother's guide to the use of some widely used social and non-prescription drugs

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This pamphlet gives you some basic information about several commonly used types of drugs, so that you can be more aware of the need for care in using any drug during pregnancy.

In recent years we have learned a great deal about the effects that various drugs a pregnant woman might take can have on her unborn child. Certain drugs can increase the risk of spontaneous abortion or miscarriage, or of a baby born with physical or mental impairment. Even after the baby is born, what the mother takes is important, because some drugs pass from her system into her baby's through breast milk.

The effect a drug has on the growing fetus depends upon many factors. These include the nature of the drug, how much the mother takes, at what stage of pregnancy she takes it, and how long she continues to take it. The fetus is in the greatest danger during the first three months (the first trimester), but some drugs can cause harm even later in the pregnancy.

Although this pamphlet mentions some prescription drugs, it is not primarily about them. If you have been taking a prescription medication, your doctor will discuss with you whether continuing use during pregnancy is appropriate in your particular case. The pamphlet is more concerned with non-prescription (over-the-counter) drugs, illegal drugs, and widely used drug substances such as alcohol, tobacco, and caffeine. It also suggests drug-free ways to deal with some of the common complaints of pregnancy.

The following points are important if you are pregnant or planning a pregnancy:

- If you are pregnant (or suspect that you might be), tell your doctor what drugs you normally use, both prescription drugs and non-prescription drugs. Your doctor will want to know about use of caffeine, tobacco, and alcohol. It is also very important for your doctor to know if you are using any illegal drugs, such as marijuana, cocaine, or heroin: remember, what you say will be confidential.
- If you are using any substance that could be harmful for your baby, and are afraid that you won't be able to give it up, contact your local addiction agency for help. Now, when you have the strongest possible reason to get free of the substance, you need the agency's expert advice and sympathetic support.
- Even if your doctor agrees that you can take certain types of non-prescription products during your pregnancy, read the package label so that you know what drugs the product contains and what the dose should be. Sometimes the label will also advise you about use of the product during pregnancy.
- When there are signs that you are about to go into labor, do not take any medications unless specifically instructed by your doctor.
- If you want more information about any prescription or non-prescription medication, ask your pharmacist. For additional information about illegal drugs and any other substances you have questions about, contact your local addiction agency.

The trade names that are used in this pamphlet are only some examples of products that contain the drug in question. (Trade names are capitalized: for example, Tylenol, Maalox.) Certain products are mentioned by name because they are widely used by

Canadian consumers. Other brands may contain the same or similar ingredients. Detailed information about the contents of any prescription or non-prescription drug is available from your pharmacist.

If you are outside Canada, it is important to realize that although a non-Canadian product may have the same brand name as a Canadian product, the ingredients may be different. Again, it is important to read labels and to discuss any questions or concerns with your pharmacist.

Alcohol

No one knows how much alcohol it is safe for you to drink during pregnancy without harming your growing baby. The more a pregnant woman drinks, however, the greater the chance of alcohol-related damage to the fetus. The most severe result of the mother's drinking is called the Fetal Alcohol Syndrome: the baby is physically deformed and/or mentally retarded, and will not grow normally. You would therefore be wise to avoid alcohol completely, or to limit yourself to one drink and only on rare occasions.

Antacids

Heartburn is a common problem in pregnancy. Most antacids, if used occasionally and according to directions, don't appear to have a harmful effect on the growing fetus. However, some antacids, if taken in larger doses and especially if taken over long periods of time, may change the water/salt balance of the fetus. Before using any product on a long-term basis, talk about it with your doctor.

Antacid products containing aluminum hydroxide (e.g., Amphojel), magnesium trisilicate (e.g., Gelusil), or magnesia-alumina combinations (e.g., Maalox) are generally considered safe for use in pregnancy in occasional single doses. But note that aluminum hydroxide may be constipating, and magnesium may cause diarrhea.

Preparations containing sodium salts (e.g., ENO, which contains sodium bicarbonate) should be used if absolutely necessary, but then only occasionally and in single doses. They should be avoided completely by those on a salt-restricted diet.

There are some practical steps you can take to reduce heartburn. Instead of having three meals a day, divide up your day's food so that you can have something every two or three hours. Have foods rich in carbohydrates (e.g., bread, muffins, pasta, potatoes) and drink milk often. Avoid fried foods and spicy foods. Have a tablespoon of yogurt, heavy cream, or "half and half" when heartburn starts.

Lying down right after a meal may make the problem worse. Try also to avoid stooping.

Flatulence or build-up of gas in the stomach may be caused by the baby pressing against the stomach or by constipation. It helps to stay away from gas-forming foods (e.g., cabbage, peas and beans, fried foods), to eat slowly, and to take a stroll after eating. Smoking may make the problem worse. Products containing simethicone (e.g., Gaviscon) may be of use, but should be taken only occasionally and in single doses.

Caffeine

Caffeine is a drug found in various foods and beverages—chocolate, colas, coffee,

and tea—as well as in several preparations that you can get from your drugstore (e.g., Wake-Ups, cold remedies).

It is now suspected that caffeine taken in large quantities by a pregnant woman will have a harmful effect on the fetus. Therefore, most doctors agree that caffeine intake should be kept at a low level during pregnancy. You may want to change your usual beverage and substitute milk, juice, or mineral water. Or you could switch to decaffeinated coffee or herbal teas. Carob is a natural chocolate substitute. If you like soft drinks, choose a kind that is caffeine-free.

Cannabis

Fetal retardation can result from a mother's use during pregnancy of cannabis in its various forms (marijuana, hashish, hashish oil, and tetrahydrocannabinol or THC). The ingredient in cannabis that produces its effects crosses the placenta and enters the fetal blood system. Even after only small exposure, there can be subtle changes in a baby's later behavior and development. Moreover, cannabis smoke contains carbon monoxide and high tar impurities, which increase the risk of fetal death and abnormalities.

Therefore, if you have been using any form of cannabis, the most important thing to do is to stop using immediately. Most likely there won't be any problems, but the risk does increase with continued use. Be sure to talk to your doctor about your concerns. Anything you say will be kept confidential.

Cold and Allergy Remedies

There is no cure for the common cold. However, non-prescription cold remedies (e.g., Contac.C, Neo Citran, Sinutab) may give people relief from some of the troublesome symptoms—sneezing, coughing, fever, and so on. The many cold remedies available usually contain more than one of the following types of drugs: analgesics, decongestants, bronchodilators, and antihistamines. Since there is very little information available about the effect of some of these drugs on the fetus, avoid these cold remedies during pregnancy.

The best approach in combating a cold is to get lots of rest. If you have dryness or congestion in your nose and/or chest, drink lots of fluids, suck a non-medicated lozenge or candy, and use a vaporizer or non-medicated nasal drops (e.g., Salinex). You should also read the labels on cough syrups, so that you can avoid those that contain alcohol. If your cold lasts longer than one week, let your doctor know.

Unfortunately, if you have allergies, they don't go away when you get pregnant. Products containing chlorpheniramine (e.g., Chlortripolon), diphenhydramine (e.g., Benadryl), or astemizole (e.g., Hismanal) are often used to relieve allergy symptoms (including hay fever). However, you should check with your doctor before using any of these products.

Diarrhea Remedies

Diarrhea may have any of several causes—for example, an intestinal infection, a sudden change in diet, or an antibiotic side effect.

Generally, medications for diarrhea act directly on the intestine to provide relief, but they do not treat the cause. Among the most helpful of these preparations are kaolin-

pectin combinations (e.g., Kaopectate, Kaocon), which you can safely use during pregnancy if you follow the label directions. However, avoid loperamide (Imodium) during pregnancy, because it may mask whatever is causing the diarrhea or may prevent your body from naturally getting rid of whatever is upsetting it.

Persistent diarrhea robs your body of water and salts, and can thereby harm both you and your baby. Therefore, if the diarrhea is not under control within 24 hours, see your doctor about it.

Hemorrhoid Preparations

Hemorrhoids can develop as a result of the pressure the growing baby puts on blood vessels. To prevent hemorrhoids from forming, it is important not to strain during bowel movements and to avoid becoming constipated. If hemorrhoids do form, talk to your doctor or pharmacist as to which lubricant to use. Applying a cold compress to the area will also help reduce any burning or itchiness.

If the hemorrhoids last a long time or if they bleed, your doctor can recommend a product with a local anesthetic, an astringent, or a protectant. Do not use any product for long-term treatment without getting advice first.

Household Chemical Products

Many household products (e.g., certain paints, volatile oven cleaners, solvents, and garden fertilizers) may have harmful effects on the fetus if you accidentally breathe in too much of them. If you can't avoid using them, take extra precautions so that you do not inhale the fumes.

Laxatives

Constipation is another common complaint in pregnancy. If it is troublesome, there are various laxative products that you can safely use. The kinds that are not absorbed into your system are often recommended. These include bulk-forming laxatives (e.g., Metamucil) and those that act by softening the stool (e.g., Surfak, Colace). Your doctor or your pharmacist can suggest a suitable product.

Certain other types of laxatives should be avoided unless your doctor tells you specifically to use them. Some laxatives contain substances that are absorbed into your system and your baby's as well. Other laxatives, such as mineral oil and castor oil, prevent your body from absorbing nutrients.

You may find that a change in diet is all that is needed to prevent constipation. Try more foods that have a natural laxative action, such as prunes, fruit juices, or bran. Fresh fruits and vegetables increase the fibre in your diet. Fibre is important for regular and soft bowel movements. Drinking a glass of warm water when you get up and generally drinking more fluids during the day will help. Regular bowel habits and regular exercise, such as walking, are also important.

If you don't have regular bowel movements, or if you are constipated for more than three days, be sure to let your doctor know. It is important to maintain good body functions during your pregnancy in order to prevent other problems, such as hemorrhoids, and to decrease discomfort.

Nausea Remedies

Morning sickness is a common complaint during the first four months of pregnancy. Vomiting over a long period of time may lead to loss of water and salts, just as diarrhea does. You must let your doctor know if vomiting continues. Drugs to control vomiting are available, but they should only be used under your doctor's direction.

Nausea can often be helped by the same methods suggested to relieve heartburn—by dividing the day's food into small meals to be eaten every few hours. Carbohydrate-rich foods may ease nausea, and greasy foods and those with strong odors may bring it on. Keep a window open or an exhaust fan on while cooking.

If you feel nauseated at specific times of day, plan to have some food in your stomach before those times. When nausea begins, try a small drink of apple or grape juice. Avoid drinking large amounts of fluids with meals. If you are taking vitamin and iron supplements, take them after a meal.

If you get up during the night, having some yogurt, cottage cheese, juice, or milk can reduce chances of feeling sick in the morning. Keep some crackers near your bed so that you can eat them first thing in the morning, and then get up slowly.

Opiates (codeine, heroin, methadone, morphine)

When opiates are prescribed by your doctor, they are usually for treatment of moderately severe pain, cough, or diarrhea. Some non-prescription pain preparations (e.g., Tylenol with codeine, 222s) contain codeine; you should take them only after you have consulted your doctor.

Pregnant women who use opiates for other than medical reasons—for the "high"—are exposing their babies to serious risks: miscarriage, premature delivery, complications during delivery, and slow mental and physical development. Moreover, immediately after birth the baby goes into drug withdrawal. Opiate withdrawal symptoms in a newborn baby are similar to those seen in adults. If they are severe, the baby may die. However, if the pregnant mother seeks treatment in time, she can be taken off the drug gradually, under medical supervision, so that neither she nor her baby will have to suffer withdrawal.

Pregnant women who inject illegal drugs also risk infecting both themselves and their babies with hepatitis or AIDS.

Pain Remedies

Non-prescription painkillers are often taken for headaches and backaches. Any pain remedy that you can buy in a drugstore is safe in a single dose and for occasional use, but you should not take any pain remedy over a long period unless your doctor specifically tells you to do so. The drugs most commonly found in non-prescription painkillers are ASA (e.g., Aspirin, Bufferin, Anacin), acetaminophen (e.g., Tylenol, Atasol), and ibuprofen (e.g., Advil, Motrin).

Alka Seltzer and similar products shouldn't be taken while you are pregnant, for they contain sodium salts (sodium bicarbonate) in addition to ASA. Sodium salts, if taken in large amounts or repeatedly, can affect the water/salt balance of both you and your baby.

There are a few things you can try in order to prevent backache. Keep a good posture, wear flat-heeled shoes, and take care of your feet. Try not to get overtired. If you have to stand for a long time, stand with one foot on a low stool or sturdy box so as to take stress off your back. Regularly doing pelvic tilts and other exercises taught in prenatal classes will help strengthen your muscles.

If you do get a backache, rest, massage, and a hot water bottle will help take away the soreness. Muscle relaxants, such as Robaxisal, Parafon, and Doan's Pills, should only be used if absolutely necessary and shouldn't be used for long periods of time. Persistent backaches may indicate more than just strained muscles and must be brought to the attention of your doctor.

Massage, relaxation exercises, and compresses may be helpful in reducing headaches and other aches and pains. Let your doctor know if any of these pains lasts longer than two or three days.

Skin Care Products

Itchy skin due to stretching or other pregnancy-related changes may cause you discomfort. Certain medicated creams such as StieVAA or Vitamin A Acid Gel are to be avoided, for they tend to be absorbed into your body and thereby can affect your baby. Your pharmacist can suggest a non-medicated product.

Wear loosely fitting clothing made of natural fibres—cotton, wool, linen, silk—that let your skin "breathe".

Try changing your soap (e.g., to one without a deodorant), and consider whether you really need to soap all over every time you shower or bathe—a good rinse may be enough.

Rashes are common during pregnancy. You should bring any skin problem to the attention of your doctor, who may be able to prescribe something to relieve it.

Stimulants (cocaine, amphetamines, other "uppers")

Stimulants have the effect of increasing the blood pressure and heart rate—occasionally enough to cause a heart attack or stroke. They also affect the blood vessels that carry oxygen and nutrients to the placenta, and therefore can harm the fetus.

Cocaine, whether it is sniffed, smoked, or injected, can cause considerable damage to both a pregnant woman and her baby. Cocaine may cause miscarriage, premature delivery, and possibly malformation of the baby. Any of the other related stimulants (e.g., amphetamines, ephedrine, phenylpropanolamine) may also have a similar effect.

None of these drugs should be taken under any circumstances during pregnancy. If you have taken any of them, the most important thing to do is not take any more. Most likely you won't have any problems, but be sure to talk about it with your doctor. Anything you say will be kept confidential.

Tobacco

All the toxins or poisons from tobacco, such as carbon monoxide and nicotine, that get into the mother's blood will also affect the baby she is carrying. Babies of tobacco smokers weigh less at birth, and the more cigarettes smoked, the smaller the baby.

Also, the more you smoke during your pregnancy, the greater the risk of miscarriage or premature delivery, stillbirth, and crib death. Your baby is also at risk for poor health in its first year, especially if you continue to smoke at home.

Most people are aware of the health problems associated with smoking. Therefore, it is strongly recommended that you cut back on smoking as much as possible or, better still, stop altogether. Remember, if you continue to smoke, you will be affecting your baby both before and after it is born.

Tranquillizers and Sedatives

Many people turn to tranquillizers and other sedatives to help them sleep. Although tranquillizers are prescription drugs, they are sometimes so readily available that people often don't recognize that they should be used only as a doctor directs.

Sometimes doctors may recommend occasional use of a tranquillizer or sedative; however, with some tranquillizers or sedatives, if the mother takes them continually during pregnancy even in a small dose, the newborn baby may suffer a withdrawal reaction.

Therefore, it is best to avoid these drugs during pregnancy unless your doctor has specifically recommended them.

If you are already taking them regularly, do not stop them abruptly on your own, but talk to your doctor as soon as possible.

Instead of relying on medication to get to sleep, try a drink of warm milk, a bath, or a massage before bedtime to help you relax. Sleep on a firm mattress. As the baby gets larger, you may find it difficult to find a comfortable position; try tucking extra pillows around your abdomen and legs so that they are supported comfortably. Try to make up for lost sleep with a rest during the day.

Vitamins

A balance of vitamins and minerals is very important: too much or too little of certain vitamins or minerals may harm your baby. For example, vitamins A, C, and D and iron may be dangerous if you take them in excess.

Several vitamin preparations are specifically formulated for pregnancy (e.g., Prenavite, Orifer, Materna). However, since all or most of your daily nutrient requirements will come from a well-balanced diet, talk to your doctor before you take any vitamin preparation.

Conclusion

There are many products that, taken during pregnancy, may affect the future health of your baby. The examples mentioned in this pamphlet are only a few of the more commonly used products. Learn to recognize the names of the ingredients in the products you use by reading the labels. If you have any questions about any product, your pharmacist and your doctor can provide the answers.

This material, developed by the Pharmacy Service of the Clinical Institute, was reviewed and verified with respect to scientific content by a panel of scientists and information specialists at the Addiction Research Foundation.

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